Advanced Performance in Medicine™: 12 Conversations ©

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Description of the innovation:

This program addresses wellness, resilience, soft skills and leadership deficiencies in residency training. With the advent of the competency-based curriculum, increased responsibility has been placed upon our trainees to achieve clear goals and milestones in an already-rigorous postgraduate training environment. This places significant professional and personal stress not only on trainees, but also faculty when a struggling learner is identified [1]. Programs globally generally have deficiencies in preparation for wellness[2,3] soft skills, career planning, and leadership skills [4,5] and we know that this impacts patient care[6]. The ACGME and other stakeholders have called for the need to improve physician well-being during training - specifically addressing the culture of medicine, mental health of trainees, making meaningful changes to the learning environment *having organised curricular activities that address wellness* and promoting peer and faculty coaching[2,7]–[9] Our program identified gaps in *Soft Skills*, *Emotional Intelligence, Career Path Alignment*, *Promotion of Wellness, enabling of resilience, Performance* and *Leadership* skills.

Soft Skills, EI and Career Path Alignment

We spend countless hours focused on developing the clinical physician, and train exceptional 'medical experts', but only address soft skills in an ad hoc fashion and reactively rather than proactively. We identified room to expand on training around the manager, communicator and collaborator roles of the CanMEDS competencies and (as Leblanc and Sherbino articulate) move beyond the current teaching framework and actually *coach* the trainees in order for them to excel [7]. Additionally, there was opportunity to better align with the CanMEDS 2015 Leader Role [3]

Promoting a Culture of Wellness

There is no doubt that medical training promotes an environment where physicians ignore their own well-being, suffer burnout and mental health and cope in maladaptive ways [2,3]. We also know that this

impacts patient care [6]. The ACGME and other stakeholders have called for the need to improve physician well-being during training - specifically addressing the culture of medicine, mental health of trainees, making meaningful changes to the learning environment *having organised curricular activities that address wellness* and promoting peer and faculty coaching. [8,9]

Enhancing Resilience and Performance

In 2011 The Future of Medical Education in Canada Postgraduate [FMEC PG] project made a call to action for programs to create innovative and rigorous curricula that promote resident wellness and learning on physician health; reframing the hidden curriculum and the tension between the service/learning environment and self care [2]. Factors they associated with resilience were sense of accomplishment and professional satisfaction, growth and autonomy, a sense of control and the ability to manage self and maintain pre-residency self [2].

Developing Leadership Skills

As societal expectations of healthcare change, physicians must take on an increasing leadership role. It has been recognised that the culture of medicine does not do enough to promote leadership skills. Residents generally emerge from residency training with less than adequate managerial and leadership skills. Not only are EI and soft skills are crucial in the current model of leadership behavior, but also many academic centers (through the hidden curriculum) pass on unprofessional patterns of behaviours to future generations that create leaders who are 'diminishers' rather than leaders that are 'multipliers' [10]. The net result is a huge missed opportunity in terms of graduating residents with a leadership mindset, thus improving organisational performance in healthcare [5].

We introduced a 2-year performance coaching program and embedded within the academic half day of The University of Calgary FRCPC and CFPC-EM combined residency programs. A two-pronged program brings together residents and practicing physicians in a unique way. The first prong is a series of twelve 90-minute *group-coaching* workshops on performance coaching, soft skills and leadership [e.g. self talk, mission and purpose, servant leadership etc]. Residents and faculty gather together to learn about and work through exercises around these topics. The second arm is the training of a cadre of faculty in performance coaching method. Outside of academic and clinical hours these faculty conduct *one-on-one coaching* with assigned residents around the topics above. These confidential coaching sessions are at arms length from the evaluatory component of the residency programs.

<u>Resources required</u>

People and expertise: Dr Lalani is a credentialed performance coach who has been working to bring coaching into medicine since 2015. His experience with coaching medical types lead to his innovation of this directed coaching method. He enlisted Dr. Bromley to help him. The Program directors of both programs collaborated to make this happen. A proposal was submitted (and passed) to the Residency Training Committee.

Material and resources: Each workshop requires 20+ hours to build. Relevant literature needs to be sourced. Handouts and Powerpoint lectures need to be created. The initial CME – accredited "physician

coach" workshop took 100+ hours to build and was successful in training 30 physicians during the annual winter retreat. Three more workshops are planned for the coming year that will need room bookings with AV equipment.

Funding: So far the only funding received is the standard teaching monies from PGME for the academic half-day sessions. Recognizing that the endeavor is requiring a large amount of time to develop, program directors are trying to secure additional funding from PGME.

Educational theories or conceptual frameworks utilized

The coaching approach is an established cornerstone of human performance enhancement in sport, business and more recently health care. In healthcare the return on investment in coaching is 6:1 [11]. Coaching is different from traditional mentorship. Coaching is a systemised, structured and individually tailored approach to helping people make changes in their lives, set and reach goals and enhance well being [12] [13]. The coaching premise is that individuals have all the tools to solve their own problems. The coach uses questioning to generate solutions that come from the coachee and not the "mentor". This form of inquiry and introspection is believed to generate more meaningful and permanent change [12-13]. Through as series of goal-focused and purposeful conversations a skilled coach is able to foster self awareness around strengths, winning strategies, inhibiting thoughts and beliefs and generate a path to success. Being goal focused - each coaching conversation generates action items and a plan for achievement. [11,13-16]

In healthcare there is an emerging body of evidence illustrating that coaching improves personal, professional and organizational performance [5]. Individuals who are coached are more well, communicate better, manage themselves and others more effectively and provide better patient care [16,17,20,21]. Health care professionals who are coached have improved technical and soft skills and are more emotionally intelligent [5,13,16,22,23] This has also been shown in residents [24]. Literature also exists demonstrating that coaching learners helps to align motives and values for choosing medicine as a career as well as persistence towards academic careers [25,26] Furthermore that coaching leads to significant changes in boundaries, prioritisation, self care, self compassion and awareness. This in turn enables residents to gain more control, be more intentional, attentive and mindful so that they thrive in the culture of medicine and provide better patient care [16]

Lessons learned

It's early in our innovation and the residents and faculty involved in the group coaching sessions and the feedback is that this innovation is impactful, meaningful and is already leading to performance improvements amongst the attendees.

Scale: It is going to be very difficult to scale due to the dearth of physicians trained in coaching philosophy in Canada. At U of C we're making it happen mostly by "sweat equity". Efforts are underway to take it online.

Self-Efficacy: Even with faculty development and 10,000 hours of the fundamental skills that translate into effective coaching (generating rapport, attentive listening, open-ended questions and problem solving), faculty still require quite a bit of cheerleading that they can be effective coaches.

Assessment: One of the things faculty are currently struggling with is how to assess improvements in soft skills such as resilience, wellness and EI. Inventories exist but are expensive to administer. We're working on a one-45 form for all 12 conversations.

BOTTOM LINE:

Coaching works. It's an indispensable part of the contemporary workplace and a crucial component of leadership development in business. Leveraging this resource in medicine is expected to improve performance of residents by improving wellness, resilience, EI, soft skills and leadership competencies.

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